

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/520431**

FILING DATE

Jan. 5, 2005

APPLICANT(S)

Rum et al

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		2				
12		2				
13		2				
14		2				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		7				
24		7				
25		7				
26	1					
27		1				
28		1				
29		1				
30		1				
31		5				
32		5				
33		5				
34		5				
35		5				
36		5				
37		5				
38		5				
39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		8				
50		8				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.		161				
TOTAL CLAIMS		165				

2x4=8
3x5=15
3x7=21
11x8=88
29x8=29

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY